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HYPNOTISM AT NANCY.

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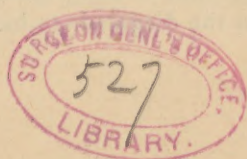
The principal students and practitioners of hypnotism may be divided into the two opposing schools of Nancy and Paris. Their tenets may be very briefly summarized as follows: the school of Paris, or more properly speaking, the school of the Salpêtrière which means the school of Charcot, holds

1. That the hypnotic state is a distinct pathological entity, all forms and degrees of which are only variations or varieties of a type which has its laws and symptoms like any other disease. This type is the "grande hypnotisme" first described by Charcot and characterized by three regular phases, lethargy, catalepsy and somnambulism, each of which is marked by certain somatic signs.

2. That this alleged disease is closely related to hysteria and that it is almost exclusively persons who have had or may have hysteria, in other words neurotic individuals, who may be hypnotized and consequently

3. That only a small proportion of the general public, well or ill may be hypnotized and that the therapeutic value of hypnotism is practically confined to hysterical patients.

This confession of faith naturally includes many corollaries, among which might be mentioned, that the so-called very slight degrees of hypnotism in which the subject is quite conscious and rational are not accepted, that suggestion has a very minor place in the genesis of the condition and that repeated hypnosis has a deleterious effect upon the individual.



The school of Nancy, the head of which is made up of the quartette Liébeault, Bernheim, Beaunis and Liégeois, holds,

1. That the hypnotic state is physiological and closely allied to natural sleep.

2. That it differs in different subjects in degree only and cannot be divided into phases marked by certain psychic symptoms and somatic signs.

3. That suggestion is the keynote of this phenomenon, that hypnotism is impossible without it and that all its manifestations, mental and physical, are the result of suggestion, expressed or implied, be it auto-suggestion or suggestion from without.

4. That under favorable conditions about 90 per cent of all persons may be hypnotized and that hypnotism is of therapeutic value in a large variety of functional and organic affections. As corollaries may be mentioned, that the slighter degrees of hypnotism suffice for efficient suggestion, that the phenomena of hypnotism may be induced in the waking state and that hypnotism is of itself harmless.

It is particularly this proposition, which I have called the fourth, of the school of Nancy that has proved to be so very seductive to the medical profession, taking hundreds of physicians to that city and creating a following in many lands, for it is at once apparent that for every physician who is interested in hypnotism as a psychophysical phenomenon ten are appealed to when it is proposed as a remedy of everyday utility at the bedside. Among the troubles for which it is claimed to be a valuable curative or palliative agent are ordinary hemiplegia, acute poliomyelitis, phthisis, asthma, organic heart disease, frost bite, various diseases of the stomach, nephritis, incontinence of urine, meningitis, peliosis rheumatica, menorrhagia and other menstrual troubles, pains of synovitis, sprains, etc., tetany, myelitis, rheumatism, saturnine neuralgia, sciatica, multiple sclerosis, pain of phlebitis, tubercular and other diarrheas, biliary colic, and a host of functional disturbances of the nervous and other systems. What physician is not appealed to by something in this list and who would not call this fourth proposition of the school of Nancy seductive? But to these glittering assertions are opposed by the other school emphatic negations and caustic criticisms. They accuse these brilliant therapeutists of carelessness in method, inexactness and sometimes worse in diagnosis and of being the victims of self-deception. It must be confessed that in many instances the writings of their best men do not show the diagnosis to have been correct and I may say for myself

that I found one of the most prominent adherents of the school of Nancy, in Paris, to be absolutely unreliable as an observer and diagnostician.

Considering then these diametrically opposite views of talented and earnest workers, the searcher after truth is apt to find himself very much at a loss for a sure footing, and a study of the arguments of both sides, which cannot be touched upon here, may only lead him into greater perplexity. As a practical physician, therefore, in much doubt but seeking something to relieve my patients, I went to Nancy to see with my own eyes.

Dr. Bernheim is professor of internal medicine¹ in the Nancy faculty and has a service in the municipal hospital. The following cases were seen in his wards.

CASE 1. Young woman, aet., twenty, had a miscarriage two months ago, since which time she has been ailing. Has now some purulent discharge from vagina, some fever, secondary syphilis and complains of pain in abdomen. Has always been nervous; one month ago had a number of hysterical attacks and, as in many cases of a nervous and apprehensive patient, it is very easy to suggest tender points. That is, if the observer press upon any indifferent point and ask "does that hurt?" she at once winces and cries out. November 2. She was easily hypnotized, this was the second or third time, and suggestion used to remove the abdominal pain. She was awakened and said the pain was gone. Was again hypnotized and told to sleep fifteen minutes. We then passed on but I noted the time and kept my eye on the patient and she awoke on the minute. November 3. Said she felt just the same, but on positive urging admitted she was better. November 4. Says she feels better, discharge has almost ceased. Same suggestibility as to painful points. Hypnotized easily, with complete analgesia. On waking remembered nothing but on the affirmative insistence of Bernheim she finally recalled all that had transpired during the hypnosis, including pin pricks, etc. November 5. Feels better. Hypnotized easily. November 7. No pain, slept well and "whites" ceased, but I find the pulse still rapid, on the least exertion going up to 120. As nearly as I can ascertain neither pulse nor temperature has been taken. Profoundly hypnotized and various suggestions made. While Bernheim was talking she seemed to awake spontaneously, but passed at once into a hysterical convulsion. He immediately hypnotized her by vehement commands,

¹ There is one other professor of medicine in the faculty. He has an equal service in the same hospital and never uses hypnotism.

tranquilized her and then waked her when she was quiet and natural. November 8. Says she feels well but appetite is poor. Hypnotized as usual. Pulse still 120. November 12. Is on the whole better. Pulse 104. Complains of pain in side and suggestibility as to painful points same as before.

This was the first case I saw operated upon and, to me, presented several points of interest. First, a large proportion of the abdominal pain was certainly due to the hysterical condition and, in my opinion, could have been as well controlled by psychic treatment in the waking state, which every physician uses, as by suggestion in the hypnotic state; I saw no object in suggesting painful areas to remove them by hypnotism. Second, the striking exactness with which the patient awoke at the time specified. I saw this same suggestion or command given, to this and other patients, many times during my stay and this was the only instance in which it succeeded, so that I finally concluded that it was a little more than a coincidence. Third, precipitation of a typical hysterical attack by the hypnotic procedure. I have seen this a number of times. Fourth, the daily urging of the patient to say she was better, which forcibly reminded me of a noted neurologist and enthusiastic electro-therapeutist of my acquaintance. I have seen patients that he had been treating for from five to ten years with galvanism, who had been getting worse all that time, tabes, paralysis, agitans, etc., and who affirmed an improvement after each treatment. Fifth, the patient herself objected to hypnotism and did not like the effects of it. Sixth, the fact that the amnesia of hypnosis was only apparent; that she remembered all impressions when commanded and encouraged to do so. Seventh, the patient seemed to me to progress as would any case of mild infection following premature delivery, if left to itself.

CASE 2. Middle-aged woman, alcoholic, with multiple neuritis. Refused to be hypnotized and resisted when Bernheim attempted it. He did not succeed and did not persist, which he never does when the patient continues to resist.

CASE 3. Man about forty, myelitis following dysentery. Great weakness of all extremities, trophic changes in skin, increased reflexes, ankle clonus, contractures, pains in arms and legs. November 2. Hypnosis induced with reasonable success. November 3. Did not succeed. November 4. Hypnotized easily and told to sleep some time which succeeded fairly well. November 5. Condition the same. Says hypnotism relieves pains for a short time. Readily hypnotized. November 6. Condition the same except

pain in ankles more severe. Hypnotized easily. November 7. Ditto. November 12. Has developed inflammation in right arm. Except this, condition same as when first seen. This case illustrates well that the oftener a patient is hypnotized the easier it is.

CASE 4. Man with phthisis. Saw him hypnotized twice. Never operated on before. Result on symptoms, nil.

CASE 5. November 4. Man with chronic gastritis. Has been in hospital before and hypnotized frequently, but to-day the first for some time. Fell at once into deep hypnosis and suggestion used for pain in stomach. Two days later, says he has no pain.

CASE 6. Man over fifty. Old case of spastic paraplegia from myelitis. Hypnosis doubtful. Apparently went to sleep at once, but his eyes were too tightly closed and he showed a tendency to open them and look at the professor. When pinched he did not respond but it looked to me like voluntary inhibition. As we passed on he opened his eyes and seemed wide awake but when noticed immediately closed them again. Therapeutic effect negative.

CASE 7. Old man with chronic bronchitis, asthma, emphysema and insomnia. Good subject, and could be hypnotized with eyes open or shut. November 3. Hypnosis. November 4. Ditto. November 9. Dyspnea and insomnia are just the same. Again hypnotized. November 12. In statu quo. In conversation expressed himself as disgusted with hypnotism. He was evidently not in sympathy with the operator, and yet he was a very susceptible subject.

CASE 8. Rheumatism. November 4. Hypnotized with ease. Therapeutically, no result.

CASE 9. Man, aet. thirty-five, stone mason, had acute articular rheumatism two months ago, which totally disabled him for four weeks. November 4. Has now become chronic. Last two days pain in back of neck and shoulders, with stiffness. Can raise left arm only to horizontal. Hypnotized for first time easily and completely. On waking, said pain in back of neck better, shoulders the same. November 5. Pain in neck was relieved until evening. Hypnotized easily, and suggestion used especially for left shoulder. During hypnosis can use freer passive motion than in waking state, but patient can, as before, raise arm only to horizontal. November 6. Condition same except no pain in back. Hypnotized. November 7. Patient says is better, but disability remains the same. Hypnotized rather easily, and told to sleep on. Slept about fifteen seconds. November 8. Says is better, but

condition is, in reality, the same. Hypnotized. November 9. Hypnotized as usual. November 12. Is worse. Pain in back same as at first, shoulder worse, can scarcely move the arm.

CASE 10. Female. Old case of jaundice, cause not stated. Has improved. November 4. At first refused to be hypnotized. Said, "Oh! no, I cannot," but presently yielded, and was easily put to sleep. This case may seem to bear upon the question as to whether a person can be hypnotized against his will, but in reality it does not. This woman was not hypnotized against her will, because she finally yielded. It was exactly as when a patient at first refuses to take a dose of bitter medicine, then objects and remonstrates, and finally yielding to the command, entreaty or reason of the physician, takes it. This is a far different procedure from holding the nose of the struggling victim and putting the medicine into the pharynx, beyond the control of voluntary muscles. The first step in hypnotism is not faith, but obedience.

CASE 11. Female, aet. about thirty, pulmonary and laryngeal phthisis. Is greatly troubled with vomiting. Successfully hypnotized November 4, 5, 6, 7, 8 and 10, and up to the 12th, there was not the slightest effect from the treatment. November 8, is noted that she had a severe attack of coughing during hypnosis which failed to wake her.

CASE 12. Young woman with dilatation of the stomach. November 4. Did not sleep well last night on account of pain below precordial region. Easily hypnotized and told to sleep half an hour, but awoke immediately, and then dosed off again. This dropping asleep immediately after waking from the hypnosis is quite frequent. November 5. Has had no pain since yesterday. Hypnotized, and told to sleep till wakened. Was sleeping when we left the ward. November 7. No pain. Hypnotized. Hypnotism apparently had some effect in this case.

CASE 13. Old man. Diagnosis, probable tumor of liver. Complains of pain in right iliac region and thigh, and of insomnia, largely from pain. November 2. Hypnotized readily, and told to sleep half an hour, which he probably did. November 3. No improvement. Hypnotized and told to sleep one hour, but awoke immediately. November 4. No relief. Could not sleep at all last night on account of pain. November 12. Condition practically the same, varies some from day to day. Says hypnotism never helps him.

CASE 14. Man of forty-five, alcoholic. Hypnotic attempt with doubtful success. No effect on symptoms.

CASE 15. Boy, aet. about twelve, bronchitis. Attempt to hypnotize November 2, 3 and 4, with doubtful success. If hypnotized it was to very slight degree. No effect on disease.

CASE 16. Boy of sixteen, convalescent from typhoid. November 2. Complains of pain in abdomen. Is emotional and timid. Light degree of hypnosis. November 3. Pain better.

CASE 17. Male. Acute articular rheumatism. Suffers with pain and insomnia. November 4. Readily hypnotized. When wakened was dazed and seemed to have hallucinations, and in spite of the efforts of Bernheim, passed at once into a heavy sleep or stupor. November 5. Says slept a long time yesterday, but awoke no better, and slept very poorly last night. Hypnotized. November 9. Hypnotized. November 12. No improvement. Hands and legs almost totally disabled.

CASE 18. Old man with hemiplegia and aphasia of two days' standing from cerebral hemorrhage. Attempt to hypnotize of doubtful success, although Bernheim said these patients were generally very good subjects, as they were already in a state similar to hypnosis, in evidence of which he demonstrated in this case a condition of partially developed catalepsy. But this, to my mind, only proved an abeyance of the higher centers, a state of automatism. All automatism need not be related to hypnotism.

CASE 19. Middle-aged woman with diabetes mellitus. Complains of headache and vertigo. November 5. Readily hypnotized. November 6. No better last night, but slightly better this morning. November 7. Somewhat better, but headache and dizziness persist. Apparently hypnotized with ease and told to sleep half an hour, but the moment Bernheim left the bedside she opened her eyes and was entirely conscious. When his attention was called to this fact he hypnotized her again and apparently completely. November 8. Says she feels better. November 9. Still has headache and vertigo, although less than a few days ago. Hypnotized. November 12. Practically no change in her condition.

CASE 20. Male. Acute articular rheumatism, apparently nearing convalescence but joints are stiff and somewhat painful. Sleeps well. November 5. Has had some pain in the lumbar region. Readily hypnotized. November 6. Condition about the same, possibly slightly better. November 7. Statuo quo. Hypnotized easily. November 8. Hypnotized. November 9. Improved. Pain and redness of joints much less. November 12. Is much worse. Could not sleep last night on account of pain in

knee, hip and hands. In other words effect of hypnotism entirely negative.

CASE 21. Young woman with tuberculosis or congenital syphilis. Exostosis of cervical spine. Complains of pains in neck and head which are variable coming and going. November 5. Has never been hypnotized but was put to sleep without difficulty. November 6. Pain in head better.

CASE 22. Middle-aged woman, very nervous, possibly a "forme fruste" of exophthalmic goitre. Complains of abdominal pain. Profound hypnosis. Pain relieved. I saw this woman hypnotized twice in addition for purposes of demonstration and each time the procedure occasioned a slight hysterical attack, characterized by muscular rigidity and twitching, flushing of face, rapid pulse, and noisy respiration, but in each instance was controlled by suggestion.

CASE 23. Woman with mitral disease; pain, palpitation and dyspnea. An old subject and readily hypnotized but without effect on the symptoms.

CASE 24. Young woman with hysteria, hemianesthesia and hemianalgesia, headaches and insomnia. Diagnosis is made of epilepsy in addition to hysteria, principally because her convulsive attacks vary in character. It seemed to me that the examination was not sufficiently close and exact and we learned a few days later from the interne of another hospital, where she had been for a number of months, that she had not epilepsy. Hypnotism failed to affect the hemianesthesia.

CASE 25. Young woman with typhoid fever, supposed to be beginning of third week. No delirium but headache and insomnia. November 7. Hypnotized first time rather easily and deeply. When awakened said headache was no better. Immediately hypnotized again and told to continue sleeping. November 8. Temperature and pulse about the same as yesterday morning, but the patient has no headache and slept well last night. This seemed to me to be a striking and inexplicable example of the efficacy of hypnotism, but the mystery was cleared up a couple of hours later when the temperature and pulse began to fall; they were about normal by the next morning and the patient passed on to convalescence.

CASE 26. A chlorotic girl with distaste for meat. She was hypnotized easily and profoundly several times without effect upon her appetite.

CASE 27. Young woman under hypnotic treatment during

last eighteen months for severe hysterical attacks. Has greatly improved but is not cured. Comes for treatment about twice a week. Saw her hypnotized three or four times, once for headache, which was relieved. During hypnosis she is not unconscious.

CASE 29. Middle-aged woman who formerly had daily hysterical convulsions and at the menstrual epoch, what was thought to be epileptic attacks. Hysteria has been cured by hypnotism and the other attacks also ceased for three months, but returned two days ago, during menstruation. This patient could be hypnotized in the waking state but it occasioned at one sitting a typical hysterical attack.

CASE 30. Young girl with organic heart disease who had been some time before brought in in hysteric narcolepsy. Hypnotized for demonstration. She, like case 1, showed apparent amnesia but was able, on strong affirmative urging, to relate all that had occurred during the hypnosis.

To summarize, I saw over seventy attempts at hypnotism in thirty patients with only two, possibly three, absolute failures; one of these in a patient who absolutely refused to be hypnotized, and one in a patient thoroughly hypnotized at subsequent sittings. Doubtful success seven times in five patients, one of whom was quite susceptible at previous and following attempts, counting failures and doubtful successes together, except the one failure and one doubtful success which occurred in really susceptible subjects, we have in thirty patients six refractory, 20 per cent. Six were distinctly hysterical and several quite emotional, but it would be absurd to assume that the majority were the subjects of developed or latent hysteria. In seeking to explain this high percentage of successes as compared with the results of some other observers, especially in this country, I cannot lay too great stress upon the conditions existing in Bernheim's wards.

There is absolute, instinctive obedience and submission to the physician; the patients see their neighbors put to sleep every day, it is part of the routine treatment and they take it as a matter of course, without fear, doubt or curiosity. Many good operators have emphasized the beneficial influence of example and contact, and in their practice have not separate reception and operating rooms, but always hypnotize where the other patients are waiting.

As a general therapeutic agent I found hypnotism at Nancy to be very nearly a failure as, I think, the foregoing cases show. Ex-

cepting some influence in hysteria I saw few results that might not have been better attained by other means.

A view of hypnotism at Nancy, however cursory, would be most incomplete without some mention of the gentle and kindly Liébeault, founder of the school. One cannot converse with him without soon perceiving that he is greatly attracted by the mystic and occult, and he has stored up accounts of numerous strange occurrences which he hesitates to publish because they are so incredible. Long ago, while still a "country practitioner" near Nancy, he became interested in hypnotism, and twenty years ago he removed to that city, where he has ever since pursued his investigations, and treated all who would come to him, using hypnotism almost exclusively as his therapeutic agent, and he relates with great gusto how he was called by his professional brethren "the crazy doctor of the rue Bellvue," but how they could not call him "charlatan," because he never advertised, never asked any one to come to him, and never charged a sou for his services. Although this venerable gentleman is well beyond the allotted three score years and ten, his enthusiasm and vivid interest in matters scientific might well be the envy of many a younger man.

In conclusion, I wish to say that although I cannot agree with Prof. Bernheim and Dr. Liébeault in many of their assertions, they impressed me as being earnest and honest workers; to the visitor they are courtesy and kindness itself, and afford him every opportunity of arriving at his own conclusions.

VENETIAN BUILDING.

